

SUBMITTER INFORMATION

(Professor/Supervisor) _____ (Date) _____

(Dept/Company) _____ (Mail Stop) _____

(Submitter's Name) _____

(Phone) _____ (FAX) _____ (E-mail) _____

(Account or PO Number) _____

BILLING ADDRESS

(Address) _____

(City) _____ (State) _____ (Zip) _____

(Phone) _____ (Attn) _____

SAMPLE INFORMATION

Sample Name	Source/Tissue	Amount (ugms or nmoles)	Mol. Weight (aprox.)	Form (PVDF, liquid, dried)

Note: Sample matrices should be simple. Although salts are tolerated to some extent, please keep salt concentrations as low as possible. Large amounts of glycerol and any amounts of detergents will interfere with the analysis. Please notify us if these materials are present in your sample.

Are there unusual amino acids or modifications present?

(Phosphate _____ Sulfate _____ CHO _____)

Are the cysteines alkylated?

Yes _____ No _____ If yes, with what? _____

Is the peptide a cleavage product?

Trypsin _____ EndoLysC _____ CNBr _____ Other _____

Does this sample present a hazard? Yes or No

If yes, radioactive _____ biohazard _____; Easily replaced? Yes or No

All samples are held at -20°C unless otherwise specified.